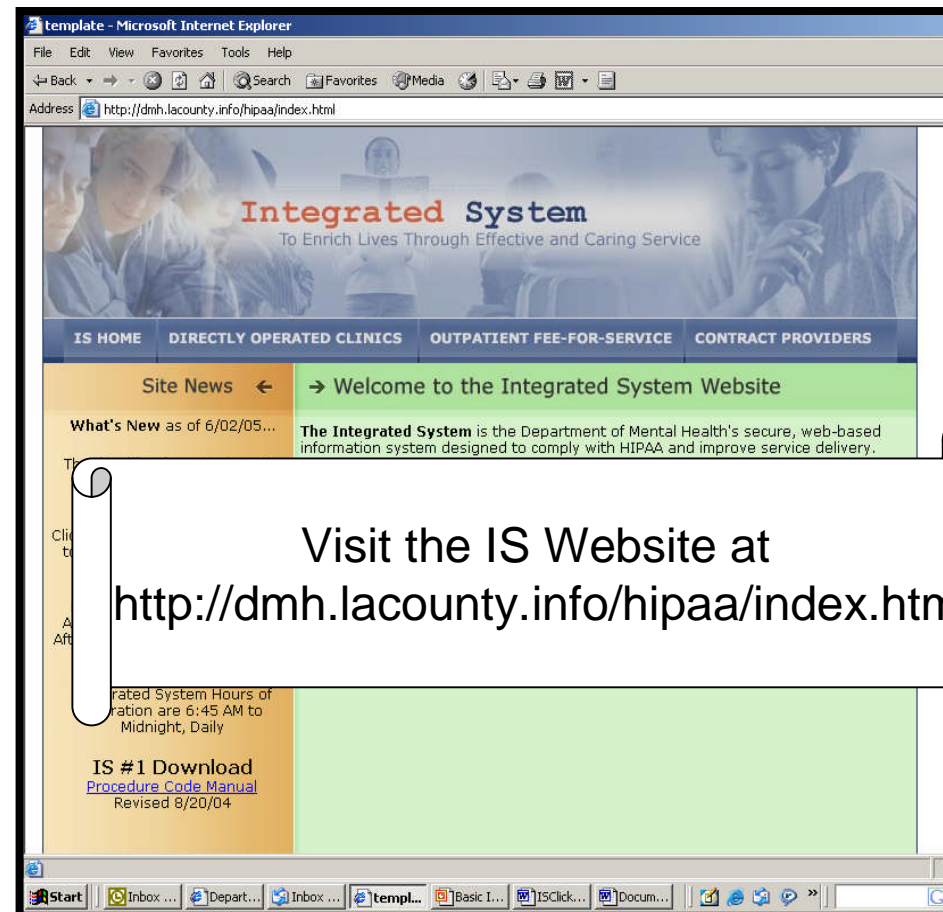


Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan and Payer (s)
11. Void and Resubmit a Claim
12. Add a Prescription: Rx Card Info, Drug Allergies Screens
13. Add a Prescription: Med Order and Write Rx Screens
14. Add a Prescription: Approval, Renew and Refill
15. Close an Open Episode: Discharge and Diagnosis Screens
16. Groups
17. Community Outreached Services (COS)

Use Keyboard Shortcuts!

Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

EXERCISE 1

Log In:

- As a DMH Employee:
<https://dmhisintra.co.la.ca.us>
- As a DMH Contracted Provider:
<http://dmh.lacounty.info/hippa/index.html>
- The Home Page
- How to Set Provider Context

Note:

- If you are a first time user, you will be asked to change your password.
- You will then be prompted to a privacy policy statement. Click accept to proceed.

Log In – DMH Workers

1. If you are a DMH employee, go to...

The screenshot shows a web browser window with the address `https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx`. The page header includes the Los Angeles County logo and the text "DEPARTMENT OF MENTAL HEALTH". Navigation tabs for "Home", "Clinical", and "Adminis" are visible. The main content area is titled "Sign In" and contains two input fields: "User ID:" with the text "sazariah" and "Password:" with masked characters. Below these fields is a disclaimer paragraph. A "Sign In" button is located at the bottom right of the form area. Four numbered callouts provide instructions: 1. Points to the address bar. 2. Points to the User ID field. 3. Points to the Password field. 4. Points to the Sign In button.

Address `https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx`

Search X
Ne >>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Adminis CIOB

Sign In

User ID:

Password:

These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse action. Unauthorized users may be subject to criminal prosecution. By continuing, you agree to these terms.

Sign In

Confidential patient information, see California Welfare and Institution Code section 5328.

2. Enter your first initial and last name

3. Enter password, dot, and your birth month and day, e.g. *password.0104*

4. Click

Log In with a SecurID Card

The screenshot shows a web browser window with the address <http://dmh.lacounty.info/hipaa/index.html>. The website header features the title "Integrated System" and the tagline "To Enrich Lives Through Effective and Caring Service". Below the header is a navigation bar with links: "IS HOME", "DIRECTLY OPERATED CLINICS", "OUTPATIENT FEE-FOR-SERVICE", and "CONTRACT PROVIDERS". The main content area is divided into two columns. The left column, titled "Site News", contains information about a deadline extension for May data (June 8, 2005), a help desk contact (213-351-1335), and a link to download the "IS #1 Download Procedure Code Manual". The right column, titled "Welcome to the Integrated System Website", contains a welcome message, a "This Week on the Integrated System" section with details about IS News Bulletins and a "Special Bulletins" page, and a section about "Guidelines to Avoid DPSS Billing Exceptions". Two callout boxes provide instructions: the first points to the "CONTRACT PROVIDERS" link and says "1. If you are a DMH Contracted Provider, go to"; the second points to the "Using the IS" menu item and says "2. Click to go to the RSA SecurID logon screen and follow procedures".

1. If you are a DMH Contracted Provider, go to

2. Click to go to the RSA SecurID logon screen and follow procedures

The Home Screen

The screenshot shows a web browser window with the address `https://dmhisintra.co.la.ca.us/Home/Default.aspx`. The page header includes the **Los Angeles COUNTY** logo and **DEPARTMENT OF MENTAL HEALTH**. Navigation tabs are labeled **Home**, **Clinical**, **Administrative**, **Plan**, and **CIOB**. The main content area is titled **Home** and features a sidebar with an **Options** menu and a **Notices** section.

Options

- DMH Privacy Policy
- Find Client
- Reports
- Change Password
- Log Out

Notices

No notices found.

Callouts:

- A callout points to the **Options** menu, stating: "These options will change as you move through the IS".
- A callout points to the **Notices** section, stating: "In order to reach the maximum target population, the Department is sending IS Alerts to communicate news to its providers promptly instead of posting notices on the system. If you have not yet subscribed to receive IS Alert please go to IS Web site to subscribe."
- A callout points to a red question mark icon in the top right corner, stating: "Don't forget to use the help function when using the IS".

How to Set Provider Context

The screenshot shows a web browser window with the address `https://testdmhisintra.co.la.ca.us/ClinicalWeb/ProviderSelection.aspx`. The page header includes the Los Angeles County logo and the text "DEPARTMENT OF MENTAL HEALTH". Navigation tabs for "Home", "Clinical", and "Administrative" are visible, with "Clinical" being the active tab. The main heading is "Provider Selection". Below this, there are two dropdown menus: "Billing Provider" and "Service Location". The "Billing Provider" dropdown is currently set to "1904-ANTELOPE VALLEY MHS". The "Service Location" dropdown is currently set to "1904A-ANTELOPE". At the bottom right, there is a "Submit" button. A blue link at the bottom left reads "Use previous Provider ID".

1. Click to get started

2. Your provider information will automatically appear here

3. Select your service location/reporting unit from the drop down list

4. Click

[Use previous Provider ID](#)

Submit

EXERCISE 2

Find a Client:

- Using Client List and Filter Clients
- Using Search by ID
- Using Search by Custom Criteria
- Result Screen

Find a Client: Using Client List and Filter Clients

The screenshot displays two screenshots of the Los Angeles County Department of Mental Health web application. The top screenshot shows the 'Find Client' page, and the bottom screenshot shows the 'Client List' page. Both pages have a navigation bar with links: Home, Clinical, Administrative, Plan, and CIOB. The top page also shows a breadcrumb trail: 7275-CHILDRENS : 7275A-CHILDRENS. The bottom page shows a breadcrumb trail: 1904-ANTELOPE V: 1904A-ANTEI.

Find Client Page:

- Options:** Return, Change Provider, Client CaseLoad, Client List, Daily Log, Manage Groups.
- Search by ID:** Type: DMH, ID: [text input].
- Search by Custom Criteria:** Last Name: [text input], First Name: [text input], Middle Initial: [text input], Birth Date: [text input] Or Age: [text input], Gender: [dropdown].
- Buttons:** Search, Clear.

Client List Page:

- Options:** Return, Change Provider, Client Case Load, Daily Log, Filter Clients.
- Table:**

DMHID	Client Name	Phone	Primary Contact	Primary Language	UMDAP Date	SFPR
	Tester,ExampleBill	(213) 121-1212	ARROYO-012493	01-English		[i]
	Tester,ExampleBon	(121) 121-1212	COON-E494287	01-English		[i]
	Tester,ExampleJom	(213)121-1212	ARROYO-012493	01-English		
	Tester,ExampleLanr	(213) 454-1212	COON-E494287	01-English		[i]

- Filter Clients:** Filter By: LastName, For: [text input].
- Buttons:** Search.

Callouts:

- Click (points to the 'Client List' link in the 'Options' menu of the 'Find Client' page).
- Click to sort list (points to the 'Client List' link in the 'Options' menu of the 'Find Client' page).
- Click DMH ID # to view client information (points to the 'DMHID' column header in the 'Client List' table).
- Select the field to filter by (points to the 'Filter By' dropdown in the 'Filter Clients' section).
- Enter information (points to the 'For:' text input field in the 'Filter Clients' section).
- Click (points to the 'Search' button in the 'Filter Clients' section).

Find a Client: Using Search by ID

The screenshot shows a web browser window with the URL <https://traindm...>. The page header includes the Los Angeles County Department of Mental Health logo and navigation tabs: Home, Clinical, Administrative, Plan, and CIOB. The user is logged in as jgarciaabagues. The main content area is titled 'Find Client' and contains a search form. A left sidebar contains a 'Client Case' menu with options like Return, Change Provider, Find Client, Daily Log, Client List, and Filter Clients. The search form has two radio buttons: 'Search by ID.' (selected) and 'Search by C...'. The 'Search by ID.' section includes a 'Type' dropdown menu (set to DMH), an 'ID' text field (containing 0000000), and fields for Last Name, First Name, Middle Initial, Birth Date, and Gender. A dropdown menu is open under 'Search by C...', showing options: DMH, Medicare, Medi-Cal, and SSN. The 'Filter Clients' section on the left has a 'Filter By' dropdown (set to First Name) and a 'For:' text field. The bottom right of the form has 'Search' and 'Clear' buttons. Five numbered callouts are present: 1. Click (points to 'Find Client' in the sidebar), 2. Select (points to the 'Search by ID.' radio button), 3. Select (points to the 'DMH' option in the dropdown menu), 4. Enter the 7 digit DMH ID (points to the ID text field), and 5. Click (points to the 'Search' button).

Address: <https://traindm...>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Find Client

Options

☒ Search by ID.

Type: DMH ID: 0000000

☐ Search by C...

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age:

Gender:

Filter Clients

Filter By: First Name

For:

Search

Search Clear

1. Click
2. Select
3. Select
4. Enter the 7 digit DMH ID
5. Click

Find a Client: Using Search by Custom Criteria


The screenshot shows a web application for the Los Angeles County Department of Mental Health. The interface includes a top navigation bar with tabs for Home, Clinical, Administrative, Plan, and CIOB. Below this is a blue header bar displaying the text "7100-SFV CMHC CENTE:7100A-SFV CMHC" and a user name "jgarciabagues".

On the left side, there is a sidebar with a menu titled "Options" containing links for Return, Change Provider, Client CaseLoad, Client List, Daily Log, and Manage Groups. A callout box labeled "1. Select" points to the "Search by Custom Criteria" radio button.

The main content area contains two search options: "Search by ID." and "Search by Custom Criteria." The "Search by Custom Criteria" option is selected. Below this, there are input fields for "Last Name" (containing "TestClient"), "First Name" (containing "Example"), "Middle Initial" (empty), "Birth Date" (containing "07/12/1970"), and "Gender" (a dropdown menu with "Male", "Female", and "Unknown" options). A callout box labeled "2. Complete Information on this page" points to the "Search by Custom Criteria" section. Another callout box labeled "3. Enter approximate age" points to the "Or Age:" input field.


At the bottom right, there are "Search" and "Clear" buttons. A callout box labeled "4. Click" points to the "Search" button.

Find a Client: Results Screen

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClientResults.aspx

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1 

Find Client Results

Options No records found meeting the criteria specified.

Return


Add Client

2. Click to add a new client

1. This message will appear if the client is new

Filter Clients

Filter By:

Name 

For:

Search

EXERCISE 3

Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search, before adding a new client.
- The system will bring-up the option to add a client only if a client does not exist.

Add a Client: Information

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print

Address: https://traindmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

Go Links

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTELOPE jflynn

Client Information

Options

Return

Enroll Client

Eligibility History

Identification	Contacts	Financial	Other	Groups	XRef	MCaI Benefits
Name Last:		First:		Middle:		
AKA Last:		First:		Middle:		
SSN:		MM Name:		LOC:		
Gender:		DOB:		Age: 0		
Primary Lang:		Pref Lang:				
Marital Status:		Education:				
Ethnicity:		APR:				
Origin:		Tribe:				
Employment:						
Handicap:						
Living Arrngmnt:						
Conservatorship:						
Date Of Death:		English Speaking:				

Cancel Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

If SSN is unknown, enter 999999999

Agency of Primary Responsibility (APR) is required if client is less than 18 years old

Add a Client: Ethnicity

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY;1904A-ANTELOPE jflynn

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address

Change Provider
Find Client
Daily Log
View Episodes
Check Eligibility
Enroll Client
Eligibility History

Registration
Contacts
Financial
Other
Groups
XRef
MCal Benefits

First: Middle: Last: AKA: SSN: MM Name: LOC: Gender: DOB: Age: 0 Primary Lang: Pref Lang: Marital Status: Education: APR: Tribe: Origin: Employment: Handicap: Living Arrngmnt: Conservatorship: Veteran: Date Of Death: English Speaking: ☐

Cancel Continue

Click

If Ethnicity is 03-Hispanic, you must select the Origin

If Ethnicity is 04-American Native, you must indicate the Tribe

Confidential patient information, see California Welfare and Institution Code section 5328.

EXERCISE 4

Add a Client: Contacts Screen

- Enter Client's Contact Information
- Enter Client's Other Contact (s) Information
- Edit Client's Other Contact (s) information

Add a Client: Contact Information

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** Financial Other Groups

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: Address 2:

City: County: State: Zip:

Phone: (h) (w)

Address Memo:

Other Contacts

	Name	Type	Phone	Email	Add'l Details
+					
1					

Click to add other contacts

Click

Cancel Continue

Address is required if the client is not homeless

Add Client: Other Contact (s) Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues X

Contact Information

Client: TestClient , Example (not enrolled) ?

Options

Return

Last Name: TestContact First: FakeContact Middle:

Contact Type: Family

Address 1: 1212 Example Place

Address 2: Apt. 12

City: Los Angeles

State: CA

Zip:

Phone (Home): (213) 213-1212

Phone (Work):

Email:

DMH Id:

☐ Do not contact

Select if contact person should NOT be contacted

Enter ID if client's children enrolled in Full Service Partnership (FSP)

Click

Save Cancel

Add a Client: Edit Other Contact Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** Financial Other Groups XRef MCal Benefits

ClientAddress

Transient/Homeless ☐ Time Homeless:





Address 1: Address 2:

City: County: State: Zip:

Phone: (h) (w)

Address Memo:

Other Contacts

	Name	Type	Phone	Email	Add
	TestContact, FakeCont	Family	(213) 213-12		 
					

1

Click to edit

"I" shows the contact info

The trash can deletes information

Click

Cancel Continue

EXERCISE 5

Add a Client: Financial Screen

- Enter Client's Financial Information
- Enter Client's Benefit Type
- Enter Client's Benefit Information

Add a Client: Financial Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues X

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCal Benefits**

UMDAP Date: 02/08/2008

Service Location:

Family Income (\$): 300.00

Source of Income: SSI

of Dependents: 1

Annual Liability (\$): 0.00

Client Reported Benefits

Type	Description	ID Number
+		

Click to add Medi-Cal or Other benefits

This field is for client's initial or annual UMDAP date

Cancel Continue

Add a Client: Benefit Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled) ?

Options

[Return](#)

Type:

Description:

HMO/PHP:

ID Number:

Champus
Client/Family
HMO/PHP
Insurance/Third Party
Medicare
Other County
SD/Medi-cal

Select benefit type

Cancel Save

Add a Client: Benefit Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled)

Options

[Return](#)

Type: SD/Medi-cal

Description:

HMO/PHP:

CIN: 00000000A

Card Issue Date: 1/1/2006

For Medi-Cal Beneficiaries, the CIN (eight digit number followed by an alphabet), and card issue date are required

Click

Cancel Save

EXERCISE 6

Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program
- Save the Client Information
- Enroll Client
- Check Eligibility

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Other** Groups XRef MCaI Benefits

SFPR

☒ Provider

☐ Special Program

Birth Information

Last Name:

County:

Mother's First Name:

Like Clients

Client ID	Client Name
1	

Click to set the client's SFPR

Click to select a rendering provider name

ADAMS, CASSANDRA-[SFV9368]
AJILORE, OLUSOLA-[SFV4834]-[07/31/2007]
ALI, FARHANA-[SFV4755]
AMES, MICHAEL-[0008022]
ANDERSON, KAREN-[SFV8420]
ANGEL, DONNA-[SFV5042]
ANGLIN, RHONDA-[SFV412]
APPLEBERY, PATRICIA-[SFV3042]
BABAYAN, OFELIA-[SFV4337]
BASSIOUN, AN-[SFV4169]

Save Cancel

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical

Client: Tester, ExampleBonny

Client Information

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification Contacts Financial **Other** Groups XRef MCal Bene

SFPR 1904-ANTELOPE V

☐ Provider

☒ Special Program

Birth Information

Last Name:

County:

Mother's First Name:

Like Clients

Client ID	Client
1	

AB34
ACT
FCCS
Foster Care
FSP-Adult
FSP-Child
FSP-Older Adult
FSP-TAY
Wellness Center

Save Cancel

Click for the Special Program

Click to select the Special Program name

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **X**

SFPR

☒ Provider ADAMS, CASSANDRA-[SFV9368]

☐ Special Program

Birth Information

Last Name: First: Middle:

County: LOS ANGELES State: CA Country: United States

Mother's First Name:

Like Clients

Client ID	Client Name
1	

3. Click to enroll client and get a DMH ID #

4. Or click 'Save' to enroll later

1. If Country is United States, you must select a state

2. If State is CA, you must select a county

Save Cancel

Enroll a Client

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciaabagues

Client Information

Client: Testing

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups**

SFPR

☒ Provider

Birth Info

Last Name

County

Mother's First Name

Like Client:

Client ID

1

SSN

Save Cancel

Microsoft Internet Explorer

Client was successfully enrolled. DMHID

OK

Once client is enrolled, his /her DMH ID Number appears here

Check Eligibility

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Check Eligibility

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCaI Benefits**

Name Last: TestClient First: Example Middle:

AKA Last: First: Middle:

LOC:

Age: 37

01-English

01-Single Education: 12-Twelfth Grade

Ethnicity: 01-White

Origin: Tribe:

Employment: FC-Full time competitive employment (salaried)

Handicap: 00-Not physically disabled/no significant disability

Living Arrngmnt: 01-Lives alone in house or apartment

Conservatorship: Veteran: No

Date Of Death: English Speaking: ☒

Cancel Continue

This is for Medi-Cal only – Click to check the client's eligibility

Check Eligibility

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Check Eligibility

Client: TestClient , Example (?)

Options

Return

Client Info

Eligibility History

DMH ID: 2265002

First Name: Example

Middle Name:

Last Name: TestClient

Gender: Male

Date of Birth: 07/12/1970

Service Date: 02/02/2008

Card Issue Date: 01/01/2006

Payer: Medi-Cal

Client CIN: 00000000A

Provider PIN:

1. Enter your Medi-Cal PIN Number

2. Enter a service date

3. Or click to search eligibility history

Click

Submit

Check Eligibility

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

jgarciabagues


Eligibility - Overview

Client: TestClient , Example

?

Options

Return

Payer	Client Payer ID	Service Date	Submit Date	Status	Provider ID
MEDI-CAL	000000000A	2/8/2008	2008-02-26 13:14:28		7100
1					

The green check mark means the client is Medi-Cal eligible, otherwise you will see a red X

Click to see more details

Eligibility

Remember: Eligibility Checks
are all about Medi-Cal

HEALTH Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary Client: ?

Options

[Return](#)

Client Payer ID: Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										
1 2 3										

You can drill down into the Medi-Cal benefit information

Eligibility History

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

HomeClinicalAdministrativePlanCIOB

1904-ANTELOPE V:1904A-ANTELOPEjgarciabagues

Eligibility - Benefit SummaryClient: ?

Options

Return

Client Payer ID:Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										
1 2 3										

All this data (and there's a lot of it!) is what the State returns in an Eligibility Check

EXERCISE 7

Open an Episode:

- Complete Admission Screen

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

Options	Identification	Contacts	Financial	Other	Groups	XRef	MCal Benefits
Return	Name Last: TestClient			First: Example		Middle:	
Change Provider	AKA Last:			First:		Middle:	
Find Client	IM Name:			DOB: 07/12/1970		LOC:	
Daily Log	Primary Lang: 01-English			Pref Lang: 01-English		Age: 37	
View Episodes	Marital Status: 01-Single			Education: 12-Twelfth Grade			
Check Eligibility	Ethnicity: 01-White			Origin:		Tribe:	
Enroll Client	Employment: FC-Full time competitive employment (salaried)						
Eligibility History	Handicap: 00-Not physically disabled/no significant disability						
	Living Arrngmnt: 01-Lives alone in house or apartment						
	Conservatorship:					Veteran: No	
	Date Of Death:			English Speaking: <input checked="" type="checkbox"/>			

Click to view a client's episode

Cancel Continue

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
1								

Click to open an episode

Note: There are no episodes for this client.
(This client is new)

Age Group	Percentage
18-24	15%
25-34	25%
35-44	30%
45-54	20%
55-64	10%
65-74	5%
75-84	2%
85+	1%

Open an Episode: Admission Screen

Search Rpt Unit

Provider Lookup - Microsoft Internet Explorer

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Provider Lookup

Legal Entity: ☐ (Check box if applies)

Entity Type: ☐ Individual ☒ Organization

Organization Type: LP CONTRACT

Organization/Last Name: ENK|

First Name:

Middle Name:

Reporting Unit:

Provider Id:

Click to select

Enter provider name or Rpt Unit number

Click

Done Internet

Open an Episode: Admission Screen

Search Rpt Unit (Cont.)

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Outpatient Epi

Options Serv

Click to select

Client Info

Check Eligibility

Medications

PDF Forms

Close Episode

View Episodes

Provider Lookup

ID	Provider	Org Type	PTP	BP	SL	RP
2305	7360S-ENKI/MARGARITA	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4297	7173V-ENKI/LAPUENTE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4701	7253A-ENKI/COMMERCE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4704	7253D-ENKI/COMMERCE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4707	7254A-ENKI/BELL GARD	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4713	7255A-ENKI/PICO UNIO	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4739	7258A-ENKI Y&F/COVIN	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4742	7258D-ENKI Y&F/COVIN	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4745	7258M-ENKI Y&F/	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5077	7360A-ENKI/MARGARITA	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1 2

Return

Internet

Open an Episode: Admission Screen.

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Open Outpatient Episode

Client: TestClient , Example (?

Options

Return

Admission **Diagnosis**

Admit Date: 02/08/2008 Physical Disability? No

Intent Of Service: Assessment Services Developmentally Disabled? No

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit: 4297 7173VENKILAPUENTE

Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368]

CCCP Due Date :

Click Continue

The provider's information is automatically added from the Search Rpt Unit screen

EXERCISE 8

Open an Episode:

- Complete the Diagnosis Screen

Open an Episode: Diagnosis Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Open Outpatient Episode

Client: TestClient , Example

Admission **Diagnosis**

Dx Date: 02/08/2008

AXIS I

295.30 - Schizophrenia, Paranoid

AXIS II

AXIS III

AXIS V

☐ 1. Primary Support Group GAF

☐ 2. Social Environment 20

☐ 3. Educational

☐ 4. Occupational Primary:

☐ 5. Housing 295.30

☐ 6. Economic Secondary:

☐ 7. Access to Health Care

☐ 8. Interaction w/ Legal System

☐ 9. Other

☐ 10. Inadequate Information

Cancel Save

Click to view or add notes

Click

This drop down lists the primary diagnosis codes. Click to find a diagnosis code that is not on the list.

EXERCISE 9

Add Services

- Notes on Evidence Based Practice

Add Services

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			
7100A001	O	2/8/2008	295.30	ADAMS-SFV9368		0	0	

1

Click

To add a service, find the client and the Episode.

Add Services

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Client Episodes

Client: Example, Client () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
1904A004	O	7/8/2009	296.54 i	CORTES-E451251 i	6/16/2010	17	1	

1

The service date of last successfully **submitted claim** is displayed here. Last successfully **submitted claim** is based on submit date and NOT on service date.

Confidential patient information, see California Welfare and Institution Code section 5328.

Add Services

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Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Episode

Client: TestClient,Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

From Date

To Date

Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
+										
1										

Click to begin entering a service

Add Services

■ What is Evidence-Based Practice/Service Strategies/PEI Services?

They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. These are some examples: Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy, Peer and/or Family Delivered Services, Family Support

Add Services

Evidence Based Practice:

00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

The system may allow you to select up to 3 options

Select multiple objects next to each other by holding down the **SHIFT** key while you click

Or use the **CONTROL** key while you click to select items that are **NOT** next to each other

Evidence Based Practice:

2F-DTQI-Dep Treat QI
2J-Group CBT Maj Dep
2L-Incredible Years
2M-IPT Depression
2P-Multidim Fam Ther
2R-PCIT

Add Services

Note: when RP's have a termination date, only dates of service for that date or prior can be billed.

The screenshot shows the 'Add Outpatient' form with the following elements and callouts:

- Options:** Return, Check Eligibility, Claim.
- RP:** A list of providers with a callout: "Click to select".
- DOS:** Date of Service field.
- Additional:** A section for additional services with a callout: "You may select up to 3 options.".
- Hours/Minutes:** A table for billing hours and minutes.
- Buttons:** Claim, Save, Cancel. A callout for the 'Save' button says: "Click 'Save' if you are not ready to claim".
- Footer:** Confidential patient information notice.

Hours	Minutes

Click "Claim" if you are ready to claim. There is no need to save

Click "Save" if you are not ready to claim

Add Services

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Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Service

Options

Return

Check Eligibility

Claim

RP:

Procedure Code:

Place Of service:

Face To Face Time: Hrs Min

Other Time: Hrs Min

Telephone ☐ Col: Medicare Certified ☒

Additional Participating Staff

Total Time for this Staff: Hrs Minutes

Add >>

Total Time in Minutes:

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Name	Hours	Minutes
1		

Claim Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

Check this box only if the client, the clinician, and the clinic are all Medicare certified

Add Services

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jgarciabagues

Outpatient Episode
Client

Options

Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes

Search Service Date
From Date
To Date
Search

Services
Void Services
Diagnosis
Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	10/20/2008	11	105	1	90801	ARROYO-0124939				
	07/23/2008	11	25	1	M0064	WONG-0504140	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	04/15/2008			1	M0064	WONG-0504140	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1

If you saved the service without claiming, click to go back and claim

EXERCISE 10

Add a Claim:

- Add a Plan
- Add Payers
- Claim Status Icons under “S” Column in Episode Screen

Add a Claim: Add a Plan

Once you click Claim on the Add Service screen, you will be prompted to this screen to pick a plan and a payer.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

7100-SFV CMHC CENTE:7100A-SFV CMHC

Add Outpatient Claim

Client: TestClient,Example

Options

- Return
- Check Eligibility
- Service

Client Benefits: SD/Medi-cal:00000000A Staff Code: SFV9368

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
02/08/2008	90801			MJ	120	2.25

Claim Amount: 270.00 Late Code:

Client Amt Paid: Medi-Cal ☐ EVC:
Healthy Families ☐ Medicare ☐ Amount Paid:

Claim Plans:

Plan	Pay Order
+	
1	

Click to add a plan

Other Insurance:

Payer	Paid Amount	SubscriberID
+		

Plan and Other Insurance are here. (see the next screen for info. on these two items)

Submit Save Cancel

Add a Claim: Add a Plan

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim - Plans

Client: TestClient , Example () ?

Options

Client Benefits: SD/Medi-cal:00000000A Staff Code: SFV9368

ServiceDate: 02/08/2008 Procedure: 90801 Mod1: Mod2: UnitType: MJ Unit: 120

Plans:

Pay Order:

3. Click

1. Scroll to pick a plan

2. Pay Order must be 1

3. Click

This means that your plan was added

Plan Plans:


Plan	Pay Order
CGF	1
+	
1	

If you click to add a second plan per claim, the IS will generate this error message



Add a Claim: Add a Payer

Other Insurance:

Payer	Paid Amount	SubscriberID
		
1		

Click to add a payer

Los Angeles DEPARTMENT OF MENTAL HEALTH
Elizabeth Brown

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim - Other Insurance

Client: TestClient , Example

Options: Return

Client Benefits: SD/Medi-cal:000000000A Staff Code: SFV9368

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
02/08/2008	90801			MJ	120	2.25

Other Insurance:

SubscriberID:

Amount Paid:

Auth Code:

Complete Information

Click

Scroll to Pick Other Insurance

Add a Claim

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | [Home](#) | [Clinical](#) | [Administrative](#) | [Plan](#) | [CIOB](#)

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: TestClient,Example

Options

- Return
- Check Eligibility
- Service

Client Benefits: [Dropdown] Staff Code: 0124939

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
10/21/2008	90801			MJ	90	2.97

Claim Amount: 267.30 Late Code: [Dropdown]

Client Amt Paid: [Text] Medi-Cal ☐ EVC: [Text]

Healthy Families ☐ Medicare ☐ Amount Paid: [Text]

Claim Plans:

Plan	Pay Order
CGF	1

Other Insurance:

Payer	Paid Amount	SubscriberID
Other	0.00	874674839

Buttons: Submit Save Cancel

Click if you're ready to submit

Otherwise click to save

Add a Claim

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Outpatient Episode

Client:TestClient,Example()

?

Options

Return

Find Client

Client Info

Check Eligibility

Medications

Close Episode

View Episodes

Search Service Date

From Date

To Date

Search

Services

Void Services

Diagnosis

Admission

	Service Date	PDS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>				

1

Click to see claim status

You will see this screen after you've submitted or saved the claim.

Claim Status Icons Under “S” Column in Episode Screen

Claim Status Icon under ‘S’ column in the Episode Screen

- (Red) Denied Claim
- (Green) Approved
- Pending
- Claim Saved, not yet Submitted
- Service Saved, not yet Claimed
- Forwarded
- Pending Adjudication
- Submitted
- Pending CPE

Click to view status

Click to view status

Click to view status

Click to view status

Click to view status

Click to view the claim ID #, IS claim #, and submit date

Since this service has not been claimed, you have the option to delete it.

You should not see these icons. If you do, please call the CIOB help desk.

Staff	Procedure	Admission	Provider	MS	C	D
90806			70494			
90804		BEN	2633			
90801		BEN	2633			
90801		BENNETT	232633			
90801			232633			

Sample of Claim Status with new added CPE Fields

https://testdmhisintra.co.la.ca.us/ClinicalWeb/ServiceStatusPopUp.aspx?id=4e8442ee-b696-46c3-8c25-c5c92

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Claim Status

Claim ID:		Status:	
Submit Date:	06/09/2009	Adjudication Date:	06/09/2009
Submit Source:	Clinical UI	Void Status:	
		Claim Type:	ORIGINAL

Service Begin Date:	06/05/2009	Service End Date:	06/05/2009	Client Paid:	0.00
Claim Amount:	174.30	Private Ins Paid:			
Contracted Amt:	174.30	Medicare Paid:			
CPE Contract Amt:		Medi-Cal Paid:			
		DMH Local Amt:	174.30	CPE Threshold Action:	
				CPE Release Type:	

Deny Source:		Deny Rule:	
Deny Group:		Deny Rule Description:	
Deny Reason:			

Close

Confidential patient information, see California Welfare and Institution Code section 5328.

highlighted fields are the new added fields

EXERCISE 11

Void and Resubmit:

- Void a Claim
- Resubmit a Claim

Void Claims

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Outpatient Episode

Options

- Return
- Find Client
- Client Info
- Medications
- Close Episode
- View Episodes
- Search Service Date**

From Date:

To Date:

Search

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Service

Client: TestClient,Example

Options

- Return
- Claim**

RP: ADAMS, CASSANDRA-[SFV9368] DOS: 02/08/2008

Procedure:

Place Of Service:

Face To Face Time: Hrs Minutes

Other Time: Hrs Minutes

Telephone: ☐ Col: Medicare Certified: ☐

Last Claim Info.

Claim ID: 30514880

Submit Date: 02/26/2008

Total Time for this Staff:

Hrs Minutes

Add >>

Total Time in Minutes:

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 50-SS Peer &/or Fam
- 51-SS Psy/Edu

Additional Participating Staff

Name	Hours	Minutes
1		

Claim Save Cancel

Void Claims

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7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim

Client: TestClient,Example

?

Options

Return

Service

Client Benefits

SD/Medi-cal:000000000A

Staff Code:

SFV9368

ServiceDate

02/08/2008

Procedure

90801

Mod1

Mod2

UnitType

MJ

Units

120

Rate

2.25

Claim Amount:

270.00

Late Code:

ClientAmtPaid:

0.00

Medi-Cal

☐

EVC:

Healthy Families

☐

Medicare

☐

AmountPaid:

Last Claim Info.

Claim ID:30514880

Submit Date: 02/26/2008

Benefits

SD/Medi-cal:000000000A
1

Claim Plans:

Plan	Pay Order
CGF	1
1	

Other Insurance:

Payer	Paid Amount	Subscriber ID
1		

Resubmit

Void

Submit

Save

Cancel

Click to void

Void Claims

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

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V CMHC CENTE:7100A-SFV C jgarciabagues

Client:TestClient,Example()

Outpatient

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Filter Service Date

From Date

To Date

Search

Services Void Service Diagnosis Admission

Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	V
02/08/2008	11	120	1	90801	ADAMS-SFV9368	X			R

Click to view voided claims

Click to see the claim status

V stands for Voids

- If R, status is requested
- If P, status is processed

Void Claims

Claim Status -- Web Page Dialog

Los Angeles COUNTY DEPARTMENT OF

The claim has been approved.

The claim was requested to be voided.

Claim Status

Claim ID:	30514880	Status:	APPROVED
Submit Date:	02/26/2008	Adjudication Date:	02/26/2008
Submit Source:	Clinical UI	Claim Type:	ORIGINAL
		Void Status:	REQUESTED

Service Begin Date:	02/08/2008	Service End Date:	02/08/2008	Client Paid:	0.00
Claim Amount:	270.00	Private Ins Paid:			
Contracted Amt:	270.00	Medicare Paid:			
		Medi-Cal Paid:			
		DMH Local Amt:	270.00		

Deny Source:		Deny Rule:	
		Deny Rule Description:	

Close

Confidential patient information, see California Welfare and Institution Code section 5328.

Void Claims

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

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Outpatient Episode

Client: TestClient, Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility

Services Void Service Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	V
1	02/08/2008	11	120	1	90801	ADAMS-SFV9368	X	S	i	R

This means the claim was resubmitted. Click to see claim cycle or submission history

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Claim Cycle

Client: TestClient , Example () ?

Options

- Return

Current Services:

Staff code: Service date: Procedure: Mod 1: Mod 2: Unit Type: Units : Rate:

SFV9368 02/08/2008 90801 MJ 120 2.25

#	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C
1	2/8/2008	11	120	1	90801	ADAMS-SFV9368	X	S	i
2	2/8/2008	11	120	1	90801	ADAMS-SFV9368		VP	i

Here is the Information.

Resubmits

This means the claim is denied and can be resubmitted.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7286-FIVE ACRES:7286A-FIVE A jbagues

Outpatient Episode Client: TestClient , Example () ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

From Date

To Date

Search

Services **Void Services** **Diagnosis** **Admission**

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	S	C	D
	01/07/2008	12 <i>i</i>	345	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	01/04/2008	12 <i>i</i>	370	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	01/02/2008	12 <i>i</i>	360	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	12/28/2007	12 <i>i</i>	475	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	12/27/2007	12 <i>i</i>	330	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	12/26/2007	<i>i</i>	360	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) ...

Click to open the service and go to the claim

Resubmits

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Home Clinical Administrative Plan CIOB

7286-FIVE ACRES:7286A-FIVE A jbagues

Outpatient Service

Client: ClientTestClient , Example

Options: [Return](#) [Check Eligibility](#) [Claim](#)

Click to go to the Claim screen

Procedure Code: H2019-Therapeutic Behavior Serv

Place Of service: Home

Face To Face Time: 5 Hrs 45 Minutes

Other Time: 2 Hrs 10 Minutes

Telephone ☐ Col: 2 Medicare Certified ☐

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 50-SS Peer &/or Fam
- 51-SS Psy/Edu

Last Claim Info. Claim ID: Submit Date: 01/09/2008

Additional Participating Staff

Total Time for this Staff: 0 Hrs 0 Minutes

Add >>

Total Time in Minutes: 475

Name	Hours	Minutes
1		

Claim Save Cancel

Resubmits

Los Angeles
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HomeClinicalAdministrativePlanCIOB

7286-FIVE ACRES:7286A-FIVE ACRE

Outpatient Claim

Client: TestClient , Example

?

Options

Return

Check Eligibility

Service

Client Benefits

ServiceDate

Procedure

Mod1

Mod2

UnitType

Units

Rate

12/28/2007

H2019

HE

*

MJ

475

2.18

Claim Amount:

1035.50

Late Code:

ClientAmtPaid:

0.00

Medi-Cal

EVC:

Healthy Families

Medicare

AmountPaid:

Claim Plans:

Other Insurance:

Plan

Pay Order

Payer

Paid Amount

SubscriberID

CGF

1

1

Click after making corrections

Resubmit

Void

Submit

Save

Cancel

Last Claim Info.

Claim ID:

Submit Date: 01/09/2008

Benefits

EPSDT:1/2007

EPSDT:10/2007

EPSDT:11/2007

1 2 3 4 5

Resubmits

DMHISP | Clinical | Closed Outpatient Episode | Services - Microsoft Internet Explorer

Address: https://traindmhisintra.co.la.ca.us/ClinicalWeb/OutpatientEpisodeServices.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTE jflynn

Outpatient Episode

Client TestClient , Example

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes
- Filter Service Date
 - From Date
 - To Date
 - Search

Services Void Services Diagnosis Admission

Service Date	POS	Total Time	# Staff	Procedure	Rendering				
09/12/2006	11	70	1	90804	ALVEY-E447588				
09/11/2006	11	75	1	90804	ALVEY-E447588				
09/10/2006	11	85	1	90804	ALVEY-E447588				
07/01/2006	53	151	1	90802	AMBROSIO-E261358				
07/01/2006	33	30	1	90801	ALVEY-E447588				
01/01/2006	53	151	1	90802	AMBROSIO-E261358				

1 2

This means that the claim was resubmitted

Confidential patient information, see California Welfare and Institution Code section 5328.

Resubmits

DMHISP | Clinical | Closed Outpatient Episode | Services - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address http://dmhisp.dhs.ca.gov/clinical/outpatient/episode/episode.asp?epi=1904A-ANTEI&tab=1904A-ANTEI

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTEI jflynn

Outpatient Claim Cycle Client: TestClient , Example ?

Options Return

Current Services:

Staff code: Service date: Procedure: Mod 1: Mod 2: Unit Type: Units : Rate:

E447588 09/10/2006 90804 MJ 85 1.80

#	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C
1	9/10/2006	11	85	1	90804	ALVEY-E447588			
2	9/10/2006	11	85	1	90804	ALVEY-E447588			

1

Confidential patient information, see California Welfare and Institution Code section 5328.

On the first line is the original denied claim. On the second line is the resubmitted claim with an approved status. Click on icons to view more information

EXERCISE 12

Prescribing Medications:

- Go to the Medications Screen
- Issue an RX Card Number
- Enter Drug Allergies

The Medications Screen

Find your client and click on his/her current Episode...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciaabagues

Outpatient Episode

Client:TEST,PATS

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications**
- Close Episode
- View Episodes
- Search Service Date
- From Date
- To Date
- Search

Services Void Services Diagnosis Admission

Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
+									
1									

Medications are INSIDE the Episode. Click Medications on the Option menu

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM/MS	Medication	Strength	Qty	Status
1								

This is the main Meds screen...notice that there are tabs across the top.. lets take a look at each of them starting with the RX Card Info.

Click

Prescribing Medications: Rx Card

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Rx Card Info

Client:TEST,PATS

Options

Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info
Card Number	Active Date	Inactive Date			
1223848	02032009				

Returning Clients should have An RX card number, but if not you enter it and click "Add"
Next: Drug Allergies....

Click

Click

Card Number: 1223848

Add

Prescribing Medications: Allergies

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

Medication	Drug Name Type
1	

If the client is allergic to meds, list them here, type the medication and select the drug name type.

Medication: Tylenol

Drug Name Type: Generic Name
Generic Name
Trade Name

Click

Add

Prescribing Medications: Allergies

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies

Client:TEST,PATS

Options

Return

Medication	Drug Name Type
TYLENOL 1	T

You will see the medication you just added with the drug name type. Next, Med Orders...

Click

Medication: Tylenol

Drug Name Type: Trade Name

PATSS028-RECORD CHANGE SUCCESSFUL USER SPECIAL

Add

Edit messages are displayed here!

EXERCISE 13

Prescribing Medications:

- Add Medications in Med Order
- Write Rx

Prescribing Medications: Med Orders

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Med Order

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

Date: 02/1/2009

Prescribing Provider: BOGOST, BRUCE-[LBB01

Medication: BENZT

Drug Code: BTP1A

Strength: 1 MG/ML

Quantity: 1

No. of times this order has been administered:

No. of times this order has to be administered: 1

Discontinue ☐

Lost/Discontinue Renew Save

APPROVED USER SPECIAL

This screen is to record medications given to consumers at the facility.

You need to use the PATS Drug Formulary list in these fields, this is a drug record that assigns specific drug code for each unique drug and strength combination.

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPRO

Drug Code: BPP150XL Primary Dx: 295.30

Number of Units: 1 Secondary Dx: 301.50

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other Instructions:

APPROVED USER SPECIAL

Click Save Next

You will see status of your prescription. This prescription was Approved.

Type in the Prescription. If you entered something under "Frequency" you won't need to enter "Other Instructions". Notice you use the PATS Drug Formulary list.

Medications History

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications History

Client:TEST,PATS

?

Options

Return

Current

History

Write Rx

Med Order

Drug Allergies

Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	1.00	A
1									

This screen shows all the medications that were prescribed to the client. Everything!

Medications Current

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications Current

Client:TEST,PATS

Options

Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info					
L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A	
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A	
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	1.00	A	
1										

This screen shows the first 15 prescriptions.

EXERCISE 14

Prescribing Medications:

- Resolve an Authorization Required
- Renew/Refill a Prescription

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client:TEST,PATS

Options
Return

Current **History** **Write Rx** **Med Order** **Drug Allergies** **Rx Card Info**

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: LORAZEPAM

Drug Code: LAP1

Number of Units: 1

Strength: 1 MG

Frequency: HS

Quantity: 30

Refill: 0

Other Instructions:

Primary Dx: 295.30
Secondary Dx: 301.50

AUTH REQ 01 UNUSUAL MED FOR DIAGNOSIS USER SPECIAL

Click, to resolve AR status

Click

Save Next

If the prescription you enter needs to be reviewed and approved by MD, you will see the edit message here.

Prescribing Medications: Approval

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options
Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info					
L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309				BUPROPION	150 MG	30.00	A	
02	P0002	020309				LORAZEPAM	1 MG	30.00	AR	
03	M0001	020109				BENZTROPI	1 MG/ML		A	

1

“AR” means the prescription needs to be reviewed and approved by the Doctor. After you have talked to the MD and gotten the approval, you can change status to “Approved”

Click

Prescribing Medications: Approval

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications Review

Client: TEST , PATS

Options
Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info
Client Name: PATS TEST Strength: 1 MG Prescribing Medical Staff: BOGOST					
Medication: LORAZEPAM Quantity: 30.00					
Description					
01 UNUSUAL MED FOR DIAGNO					
1					

Physician Conference

Date:

Physician:

Status:

Approved

Disapproved

Unresolved

Supervisor Conference

Date:

Physician:

Status:

Click

Save

2. Enter the physician's ID number

1. Enter the approved date

3. Select the status

Prescribing Medications: Renew and Refill

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options

Return

	Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info				
L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020109	020309	i	i	BUPROPION	150 MG	30.00	A	
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A	

Click here to do a Renew/Refill

Fill date is required

Renew/Refill is a snap: Just click on the prescription number, change the date and other information!

Remember the prescription needs to have a fill date in order to do a renew/refill.

Prescribing Medications: Renew and Refill

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client: TEST,PATS

Options
Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info
HMO/PHP: _____ Date: 02/03/2009					
Prescribing Provider: BOGOST, BRUCE-[LBB0112]					
Medication: BUPROPION XL/WELLB					
Drug Code: BPP150XL					
Number of Units: 1.0					
Strength: 150 MG					
Frequency: Q AM					
Quantity: 30					
Refill: 0					
Other Instructions: _____					
Lost/Discontinue					
			Delete Renew Next		

Enter a new prescription date

This information can also be changed.

Click

Prescribing Medications- Lost & Discontinue

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Client:TEST,PATS

Medications History

Options Return

	Current	History
L#	Rx #	Rx Date
01	P0078	042507
02	P0076	021507
03	P0077	021507
04	P0074	020207
05	P0075	020207
06	P0072	122106
07	P0073	122106
08	P0070	102606
09	P0071	102606
10	P0068	092806
11	P0069	092806
12	P0066	081006
13	P0067	081006
14	P0064	070606
15	P0065	070606

Confidential patient information

1 2 3 4 5 6

Medications Write Rx

Options Current History Write Rx Med Order Drug Allergies Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: [BOGOST, BRUCE-\[LBB0112\]](#)

Medication: [BUPROPION XL/WELLB](#)

Drug Code: [BPP150XL](#)

Primary Dx: 295.30

Number of Units: 1.0

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other In: [Lost/Discontinue](#)

☒ Lost ☐ Discontinue ☐ Neither

ry Dx: 301.50

Renew Next

Click

Click on the radio button to select Lost or Discontinue prescription

Click

EXERCISE 15

Close an Episode

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open **Closed**

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim	<input type="checkbox"/>	<input type="checkbox"/>	D
7100A001	O	2/8/2008	295.30	ADAMS-SFV9368	2/8/2008	1	0	

1

Click

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues






Outpatient Episode

Client: TestClient,Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes
- Search Service Date**
- From Date
- To Date
- Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>				
										

1

Click

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Close Outpatient Episode

Client: TestClient , Example

Discharge | **Diagnosis**

Discharge Date: 02/08/2008

Referral Out Code: Client moved away

Referral Out Rpt Unit:

Legal Status:

Click to search for referral out Rpt. Unit

See examples on the next page

Continue

Referral Out Code is used to identify the agency or person the client is being discharged to

Referral Out Rpt Unit is used when the referred agency has a reporting unit number

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELC jgarciabagues

Close Outpatient Episode

Client: () ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- PDF Forms

Discharge **Diagnosis**

Discharge Date: 02/08/2008

Referral Out Code: Outpatient - County Contracted

Referral Out Rpt Unit:

Legal Status:

Provider Lookup

Legal Entity: ☐ (Check box if applies)

Entity Type: ☐ Individual ☒ Organization

Organization Type: FFS 1

Organization/Last Name:

First Name:

Middle Name:

Reporting Unit:

Provider Id:

Search

Done Internet

Close an Episode

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Client: TestClient , Example

Options

Return

Discharge **Diagnosis**

Dx Date: 02/08/2008

AXIS I	AXIS IV	AXIS V
295.30 - Schizophrenia, Parano...	<input checked="" type="checkbox"/> 1. Primary Support Group	GAF
	<input type="checkbox"/> 2. Social Environment	20
	<input type="checkbox"/> 3. Educational	
	<input type="checkbox"/> 4. Occupational	Primary:
		295.30
		Secondary:
	<input type="checkbox"/> 7. Access to Health Care	
	<input type="checkbox"/> 8. Interaction w/ Legal System	
	<input type="checkbox"/> 9. Other Psych/Environment	
	<input type="checkbox"/> 10. Inadequate Information	

Cancel Save

Click to display the top 20 diagnosis codes

Click to select a diagnosis code not listed

Close an Episode

Enter an ID or partial description:

Select an item:

- 315.1 - Mathematics Disorder
- 315.2 - Disorder of Written Expression
- 315.32 - Mixed Receptive-Expressive Language Disorder
- 315.9 - Learning Disorder NOS
- 315.4 - Developmental Coordination Disorder
- 315.31 - Expressive Language Disorder
- 315.39 - Phonological Disorder
- 315.00 - Reading Disorder

Enter some or all of the digits of a diagnosis code, or part of the description and click "Search"

Highlight and click "Select"

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Client: TestClient , Example

Options Discharge **Diagnosis**

Return

Dx Date: 02/08/2008

AXIS I	AXIS IV	AXIS V
295.30 - Schizophrenia, Paranoi	<input checked="" type="checkbox"/> 1. Primary Support Group	GAF
	<input type="checkbox"/> 2. Social Environment	20
	<input type="checkbox"/> 3. Educational	
AXIS II	<input type="checkbox"/> 4. Occupational	Primary:
	<input type="checkbox"/> 5. Housing	295.30
	<input type="checkbox"/> 6. Economic	Secondary:
AXIS III	<input type="checkbox"/> 7. Access to Health Care	
	<input type="checkbox"/> 8. Interaction with Legal System	
	<input type="checkbox"/> 9. Other Psych/Environment	
	<input type="checkbox"/> 10. Inadequate Information	

Click

Cancel Save

Close an Episode

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Episodes

Client: TestClient , Example ()

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Discharge Date	Diagnosis Code	Primary Contact	Last Claim	<input type="checkbox"/>	<input type="checkbox"/>
7100A001	O	2/8/2008	2/8/2008	295.30	ADAMS-SFV	2/8/2008	1	0

1


Go to the close episodes tab to view the episode information

EXERCISE 16

Groups:


- Create a Group
- Add a Session to a Group
- Submit Group Session Billing

Create a Group

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClient.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1 

Find Client

Options

- [Return](#)
- [Change Provider](#)
- [Client CaseLoad](#)
- [Client List](#)
- [Daily Log](#)
- [Manage Groups](#)

☐ Search by ID.

Type: ID:

☒ Search by Custom Criteria.


Last Name:

First Name:

Middle Initial:

Birth Date: Or Age:

Gender:

 Click to start creating and managing groups

Create a Group

Address  b/GroupView

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

View Groups

Options

- [Return](#)
- [Change Provider](#)
- [View Groups](#)
- [Search Groups](#)
- [Create Group](#)
- [Daily Log](#)

Filter Groups

Filter By:

Name

For:

Group ID	Name	Location	Day	Time	Duration	Provider	Waitlist	Lang
1071	Fun Name	1904-ANTELOPE V	DAI	10:00 AM	10 min	ALVEY-E447588	2/10	01-English
1029	Test Group JJF	1904-ANTELOPE V	DAI	9 AM	20 min	SINGEN-E437190	1/50	01-English
1093	Older Who	1904-ANTELOPE V	DAI	2:00P	30 min	ALVEY-E447588	2/10	01-English
1084	IS Users Who Are Learning Groups	1904-ANTELOPE V	DAI	9:00	60 min	ISIGUZO-0494456	1/15	01-English
1056	Shakey	1904-ANTELOPE V	THU	5:00P	45 min	AMBROSIO-E261358	2/15	01-English
1060	Stress Management	1904-ANTELOPE V	WED	1:00 P.M>	90 min	SHIH-0200742	3/3	01-English

1 2 3 4 5 6

Total Groups Returned: 6

[Click to create a group](#)

All groups for this location are listed here. You can search or filter to find a group and enter services.

Create a Group: Details

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical

7100-SFV CMHC CENTE:7100

Group Details

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Sys

Group ID: Group Type: Medication

Group Name: Medication

Description: How to take medication

Targeted Clients: People who take medication

Location: SFV CMHC CENTER/FAMILY LIVING

Group Day: Daily Group Time: 10:00AM

Approximate Duration: 30 min

Max Attendees: 25

Begin Date: 02/08/2008 End Date: 01/01/2020

Procedure: 90853-Group Therapy

Language: 01-English

Click

Cancel Continue

Most of this information is basic, and is meant to help other workers to find groups, and enter data. Be as detailed as you can while completing this screen.

The date the group began to meet

The date the group schedule will expire

Maximum group attendees should be at least 2 and no more than 25

Create a Group: Leads

The image displays two overlapping screenshots of a web application for the Los Angeles County Department of Mental Health. The top screenshot shows the 'Group Leads' page, and the bottom screenshot shows the 'Add Staff to Group' page. Both pages have a header with the department name and navigation tabs: Home, Clinical, Administrative, Plan, and CIOB. The 'Group Leads' page has a sidebar with options: Return, Change Provider, View Groups, Add Group Session, Search Group, Create Group, and Daily Log. A callout points to the 'Search Group' option with the text 'Click to search for a lead to add'. The 'Add Staff to Group' page has a form with fields for 'Last Name' and 'First Name'. A callout points to the 'Last Name' field with the text 'Enter a last name or part of a name'. At the bottom right of the 'Add Staff to Group' page, there are 'Clear' and 'Search' buttons, with a callout pointing to the 'Search' button with the text 'Click'.

Address: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupLeads.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1

Group Leads

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Group
- Create Group
- Daily Log

Details Leads

Staff Name

Click to search for a lead to add

Address: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupAddStaffToGroup.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1

Add Staff to Group

Options

Return

Last Name:

First Name:

Enter a last name or part of a name

Click

Clear Search

Create a Group: Leads

The screenshot shows a web application for the Los Angeles County Department of Mental Health. The page title is 'Add Staff to Group'. It features a table with columns for 'Name', 'Location', and 'Expired'. A single row is visible with the name 'ADAMS-SFV9368' and location '7100A-SFV CMHC'. A green cloud-shaped callout box contains the text: 'Total staff in Leads and total clients in Census should be below 25 people; more than recommended will slow down the system.' There are two 'Click' callout boxes: one pointing to the 'Add' link in the table and another pointing to the 'Finish' button at the bottom right. The interface also includes a 'Return' link, a 'New Search' button, and a 'Finish' button.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Add Staff to Group

Options

Return

	Name	Location	Expired
Add	ADAMS-SFV9368	7100A-SFV CMHC	

1

Click

Total staff in Leads and total clients in Census should be below 25 people; more than recommended will slow down the system.

Click

Finish New Search

Create a Group: Census

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Group Leads

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads **Census** Attendance Hx Syllabus

	Staff Name	
	ADAMS-SFV9368	
+		
1		

Total Staff: 1

Continue

Click to add clients to the census

or click to continue

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Group Census

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

Name	Location	Primary Dx	Phone	Primary
+				
1				

Click to search clients to add to a group

Total Clients: 0 Max Attendees: 25

Continue

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Find Clients To Add

Options

[Return](#)

☒ Search by ID.

Type: ID:

☐ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age: Axis I:

Gender: Axis II:

Ethnicity:

Note: It's easier to add clients to a group by using 7-digit DMH ID number

Click

**** For optimal performance, a maximum of 500 records will be returned from the search result.**

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Add Clients to Group Census

Options

Return

	Client ID	Client Name	Gender	SSN	DOB	Phone
Add			Male	999999999	07/12/1970	
1						

1. Click to add

2. Click if there are more people to add

3. Click when done adding

Finish New Search

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Census

Options

Return

We have added our client to the Census tab

Search Groups

Create Group

Daily Log

Details Leads Census Attendance Hx Syllabus

Name	Location	Primary Dx	Phone	Primary	
Test example	7100-SFV CMHC CENTE	Schizophrenia, Paranoid Type		ADAMS-SFV9368	
+					
1					

Click to add more clients

Total Clients: 1 Max Attendees: 25

Click

Continue

Add Group Session

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Attendance

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

Date	Clients Represented	Total People Present	# of Clinicians
+			
1			

Click on either options to add a group session

Continue

Add Group Session: Providers

The screenshot shows a web application interface for adding group sessions. At the top, there is a navigation bar with tabs: Home, Clinical, Administrative, Plan, and CIOB. Below this is a header area with the text '7100-SFV CMHC CENTE:7100A-SFV CMHC'. The main title of the page is 'Providers'. On the left, there is a sidebar with an 'Options' section containing a 'Return' link. The main content area has two tabs: 'Providers' (selected) and 'Clients'. Under the 'Providers' tab, there is a section titled 'Add provider:' with a dropdown menu showing 'ADAMS-SFV9368'. Below this are two buttons: 'Add >>' and 'Add All >>'. To the right of the 'Add provider:' section, there is a 'Date:' field and a 'Total Time:' section with 'Hours' and 'Minutes' input boxes. At the bottom right, there is a 'Continue' button. Five numbered callouts provide instructions: 1. Enter date of service (points to the Date field), 2. Names of staff participating in this group are displayed here (points to the Providers tab), 3. Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time (points to the Total Time section), 4. Click to add the staff's time to the list (points to the Add >> button), and 5. Click (points to the Continue button).

2. Names of staff participating in this group are displayed here

1. Enter date of service

4. Click to add the staff's time to the list

3. Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time

5. Click

Continue

Add Group Session: Clients

1. Client names are in this drop down list

This is the duration from the group details screen. It has no bearing on claiming, and should not be changed

2. Associate client with responsible lead as indicated on the Group Service Log. This must be the person who will be writing the notes in the client's clinical record.
The responsible lead will be the rendering provider for this claim, which will be listed on their daily log.

3.
 - Enter a number if collateral is present.
 - For collateral type, enter whether "Family or Non-Family".
 - For Non DMH Group Member, enter a number of attendees.

4. Click to add a client to the list. Repeat 1-4 For the next client

Click

DEPARTMENT OF MENTAL HEALTH
7100-SFV C

Session - Clients

Options
Return

Client: Test, Example ☒ Present Date: 2/8/2008
Resp. Lead: ADAMS-SFV9368 Duration: 30
Collateral: 0
Collateral Type: Add >>
Non DMH Group Member: Add Non DMH Client

Name	Collateral	NonDMH	Resp Lead
1			

Continue

Add Group Session: Non DMH Clients

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciaabagues

Add Group Session - Clients

Options

Return

Providers **Clients**

Client: Test, Blue ☒ Present Date: 10/24/2008

Resp. Lead: GRAY-E279426 Duration: 0

Collateral: 0

Collateral Type: Add >>

Non DMH Group Member: 3 Add Non DMH Client

Name	Collateral	NonDMH	Resp Lead
Example	0		ARROYO-0124939
Tester, Tersteree	0		ARROYO-0124939
1	0	X	
2	0	X	
Tester, Exampleone	0		GRAY-E279426
1			

Continue

1. Enter a number for each non-provider client

2. Click to add the non-provider client

Add Group Session: Confirm

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Add Group Session - Confirm

Options

Date: 02/08/2008 Duration: 30

Return

Name	Col	Collat. Type
<input checked="" type="checkbox"/> Test, Example	0	

1

of DMH Clients Represented: 1
of Group members not enrolled in DMH: 0

Name	Hours	Minutes
ADAMS-SFV9368	1	30

1

Total # of Minutes: 90

Cancel OK

Click

All clients' name would be listed here.

This screen summarizes who attended the session and for how long. Once you have confirmed the details, click OK to generate the service record for each client represented (in person, or by collateral). The service record will appear in each of the associated rendering provider's daily log.

Add Group Session: Billing

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

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7100-SFV CMHC CENTE:7100A-SFV CMHC

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Group Attendance

?

Options

Return

Change Provider

View Groups

Add Group Session

Search Groups

Create Group

Daily Log

Details

Leads

Census

Attendance Hx

Syllabus

Date	Clients Represented	Total People Present	# of Clinicians
02/08/2008	1	1	1
+			
1			

Claim group session by going back to each client's service screen. You will see a paper icon; click on it to submit claim.

Or click to get to the client you want to claim for.

Continue

Add Group Session: Billing

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMH jgarciabagues

Group Attendance History

Options

Return

Date: 02/08/2008 Duration: 30

Present?	Client ID	Name	Col	Collat. Type
X		Test, Example	0	

1

0

tes

Total # of Minutes: 90

Click to go back to Client Information Screen. Then click on View Episodes, click on the Episode # and see the unclaimed service (paper icon), and click on it to go to the client's claim screen, or click on the pencil icon to view the group session. Claiming is done when you finally click submit on the claim screen for each individual client.

Group Syllabus

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Group Syllabus

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx **Syllabus**

This is where you write notes

Click

Clear Restore Save

EXERCISE 17

Community Outreach Services (COS):

- Use the Daily Log
- Add a Community Service
- How to Edit Community Service

Using the Daily Log

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical A 7100-SFV CMHC CENTE:7100

Daily Log - Search

Options

- Return
- Change Provider
- Find Client
- Client List
- Client Case Load

Rendering Provider

Service Date

Click

Select rendering provider

Select service date

Search

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB 7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Daily Log

Selected Date: 02/06/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368]

Options

- Return
- Change Provider
- Find Client
- Client List
- Client Case Load
- Add Comm Svc

DMH ID	Name	Service Date	POS	Total Time	# Staff	Procedure	M	S	C
	Test, Example	02/06/2008	11	104	1	90801	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1

Click to go to COS screen

Community Outreach Services (COS)

- Entering COS is fairly simple because there is no billing involved; it's just recording an event. Billing is done by sending an invoice to the DMH Financial Services Bureau. Run the IS 220 to see your COS on a report.
- On the Find Client screen you will see the Daily Log link under the Options menu.
- In Order to enter COS you need to click on the Daily Log link; this will take you to the Daily Log Search screen where you will select the rendering provider responsible for the COS. You then need to enter the service date and click on Search.
- On the Daily Log screen, click on Add Comm. Svs. under Options.
- The Add Community Service screen will be displayed. Start entering COS.

Community Outreach Services

DMHISP | Clinical | Community Service - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites Media

Address

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY;1904A-ANTELOPE VALLEY

Add Community Service

Options

Return

Date of Service: RP:

Service Recipient Type: # of People Contacted:

Service Location Information: Service Type Desc:

Ethnicity: Origin:

Primary Lang: Tribe:

Program Area: Age Category:

Handicap: Duration (FMI):

Funding Source:

Service Code:

Additional Participating Staff

Add >>

Name
1

Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

Complete this page according to your COS sheets

Community Outreach Services

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Daily Log Selected Date: 02/08/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368]

Options
Return
Change Provider
Find Client
Client List
Client Case Load
Add Comm Svc

DMH ID	Name	Service Date	POS	Total Time	# Staff	Procedure	M	S	C
N/A	N/A	02/08/2008		1	1	Community Client Services			
	TestClient, Example	02/08/2008	11	120	1	90801	X	\$	i
	Test, Example	02/08/2008	11	90	1	90853	X	\$	i

1

Click to edit the COS; this will take you to the daily log where you will see the service recorded.
Note: you can access past services through the daily log.

Edit Community Service

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Edit Community Service

Options DOS: 2/8/2008 RP: ADAMS, CASSANDRA-[SFV9368]

Return Service Recipient Type: CalWORKs # of People Contacted: 5

Service Location Information: Ethnicity: 03-Hispanic Primary Lang: 01-English Service Type Desc: Origin: Mexico Tribe: Age Category: 25-44 Duration (FMI): 3

Program Area: Disaster Response Handicap: 00-Not physically disabled/no significant

Funding Source: CGF Service Code: Community Client Services

Additional Participating Staff

1

Click

Save Cancel